



## NOTICE OF CESSION CREDIT INSURANCE

Please fill out the original and return it signed to your house bank.  
One copy goes to Coface.

POLICY HOLDER Company name Address postal code Town
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CREDIT INSTITUTION Company Name Address Postal code Town IBAN BIC
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Compagnie Francaise D'Assurance Pour  
Le Commerce Exterieur SA Niederlassung Austria  
Stubenring 24  
1010 Vienna

Data processing number (DVR): 0053503

NOTICE OF CESSION of policy no. \_\_\_\_\_

Subject to your agreement and in accordance with the provisions of the insurance contract we hereby irrevocably cede the claims from the above named policy to the credit institution named and signed in this notification and request your written agreement.

This cession shall not be affected by possible future amendments to the policy and remains in force until you are informed by us in writing of an amicable withdrawal of cession.

Best regards,

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Policy holder's company signature or stamp

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Credit institution's signature or stamp